



APRIL 8, 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

RECEIVED

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISIONAPR - 3 2008 *new*
Apr 3. 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTCHARLES SHILJA(Enter above the full name
of the plaintiff or plaintiffs in
this action)

08CV1917

JUDGE SHADUR

MAGISTRATE JUDGE ASHMAN

vs.

Case

(To be supplied by the Clerk of this Court)

COUNTY OF COOK A CORPORATIONCOOK COUNTY DEPARTMENT OF CORRECTIONSCERMANEK HEALTH SERVICESDR. CATOUREJOHN DOE DENTIST #1JANE DOE DENTIST #2(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: Hill, Charles
- B. Date of Birth: 29 Oct. 1970
- C. List all aliases: N/A
- D. Prisoner identification number: 20050084808
- E. Place of present confinement: Cook County Jail
- F. Address: P.O. Box 089002

(If there is more than one plaintiff, then each plaintiff must list his or her name, date of birth, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: County of Cook A Corporation
 Title: Municipality (County)
 Place of Employment: County Building Downtown Chicago
- B. Defendant: Cook County Department of Corrections
 Title: Cook County Jail
 Place of Employment: 2600 S. California Ave Chgo, Ill. 60608
- C. Defendant: CERMAK HEALTH SERVICES
 Title: CERMAK HEALTH (MEDICAL CARE PROVIDER)
 Place of Employment: 2700 S. California Ave Chgo, Ill. 60608

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

- A. Name: CHARLES HILL
- B. List all aliases: N/A
- C. Prisoner identification number: 20000084808
- D. Place of present confinement: COOK COUNTY JAIL
- E. Address: P.O. BOX 089002, CHGO., IL., 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: MR./MS. CATOURE
 Title: DOCTOR / DIRECTOR
 Place of Employment: GERMAN HEALTH CARE SERVICES
- B. Defendant: [REDACTED] / JOHN DOE #1
 Title: DENTIST Division #9 At Cook County Jail
 Place of Employment: DISPENSARY COOK COUNTY JAIL Div. #9
- C. Defendant: [REDACTED] / JANE DOE #2
 Title: DENTIST Division #1
 Place of Employment: COOK COUNTY JAIL DISPENSARY Div. #1

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Count. I

IN FEBRUARY OF 2006 I SUBMITTED SEVERAL MEDICAL REQUEST FORMS TO SEE A DENTIST. I FINALLY FILED A DETAINEE'S GRIEVANCE but WAS NOT SEEN IN DIVISION 11 NOR DID I RECEIVE A RESPONSE UNTIL MARCH 2006 TOWARD THE MIDDLE OF THE MONTH AND THEN I WAS SENT TO SEE A DENTIST.

Count. II

WHILE IN DIVISION NINE I SAW A DENTIST THAT STATED HE NEEDED TO PULL TWO TEETH BECAUSE OF THE LONG WAIT THAT I HAD EXPERIENCED. HE ALSO STATED THAT I'M GOING TO PULL ONE NOW AND THE OTHER ONE IN A WEEK OR TWO. IT NEVER HAPPENED.

Count. III

IN MAY OF 2006 I WAS SENT BACK TO DIVISION ELEVEN WITHOUT SEEING A DENTIST. ONCE BACK THERE I SUBMITTED SEVERAL MEDICAL REQUEST FORMS AGAIN TO SEE A DENTIST AND WAS IGNORED. IN AUGUST OF 2006 I WAS AGAIN MOVED TO DIVISION ONE AND AFTER ABOUT THREE TO FOUR MONTHS OR SO OF BEING HOUSED THERE AND AGAIN COMPLAINING ABOUT MY TEETH AND THE PAIN THAT I WAS IN THEY FINALLY SENT ME TO SEE A

DENTIST, WHICH STATED THAT HE WOULD HAVE TO DO ORAL SURGERY BECAUSE MY TOOTH THAT HAD BEEN IGNORED HAD BROKEN OFF ALL THE WAY DOWN TO THE GUM LINE AND HAD STARTED TO MAKE THE TOOTH IN FRONT OF IT BAD AS WELL. HE SCHEDULED ME AN APPOINTMENT AND I WAS NEVER CALLED.

COUNT. IV

IN JUNE OF 2007 I WAS AGAIN MOVED ALONG WITH FORTY OR SO PEOPLE THAT WERE ON MEDICATION TO DIVISION TEN BECAUSE IT WAS SUPPOSED TO BE FOR EVERYONE THAT WAS ON MEDICATION. I HAVE SINCE FILED AND OR SUBMITTED SEVERAL MEDICAL REQUEST FORMS AND AFTER BEING HERE FOR ALMOST NINE MONTHS NOW I FILED A DETAINEE GRIEVANCE AND MY MEDICAL NEEDS ARE STILL BEING NEGLECTED. I TAKE TYLENOL AND ANY OTHER PAIN MEDICATION THAT I CAN GET BECAUSE I CAN'T GET ANY SLEEP AT NIGHT FOR THE PAIN THAT I'M EXPERIENCING IN MY MOUTH AND NOW OTHER TEETH IN MY MOUTH ARE HURTING AND MAKING VERY DIFFICULT TO EAT. I'M ALSO HAVING MIGRAINE HEADACHES BECAUSE OF MY MOUTH AS WELL.

COUNT. V

I WAS INFORMED BY VARIOUS MEDICAL STAFF & OFFICERS THAT THERE WAS NO DENTIST AT THE JAIL FROM AUG. 07 TO JAN. 08 4 MONTHS. BECAUSE OF CUTBACKS AND THE BUDGET.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

FIND ALL PARTIES LIABLE JOINTLY AND SEVERALLY.
AWARD COMPENSATORY DAMAGES IN THE AMOUNT OF \$20,000.00
(TWENTY THOUSAND DOLLARS)
AWARD PUNITIVE DAMAGES IN THE AMOUNT OF \$5000.00
(FIVE THOUSAND DOLLARS).
TO HAVE ALL NECESSARY DENTAL WORK THAT I NEED.
ATTORNEY'S FEES AND COURT COSTS.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 22ND day of MARCH, 2008

Charles B. Hill Jr.
 (Signature of plaintiff or plaintiffs)

CHARLES B. HILL JR
 (Print name)

20050084808
 (I.D. Number)

P.O. BOX 089002

Chgo. Ill. 60608

(Address)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Charles B. Hill jr.

vs.

County of Cook a municipality)
Cook County Department of Corrections)
Cermack Health Services)
Dr. Catour'e)
John Doe Dentist #1)
Jane Doe Dentist #2)

Case No:

Judge:

DECLARATION PERTAINING TO INADEQUATE DENTAL CARE

I Bobbie Lee Harrison am making this statement and hereby declare the following:
That I have known Charles Hill for at least two years and during that two year period he has consistently complained of dental problems and the lack of care that the County Jail has provided him with in regards to his serious dental needs. I was housed on the same tier with Charles in 2006 here at the County Jail in division one tier G-2 when his left rear tooth broke off in his mouth. He showed me the broken part of the tooth. I was also present when he went to the dentist and he stated that the dentist told him that they would call him back in a week but they never did. I am now housed with him again in division ten tier 2-c. And Mr. Hill still is experiencing the same dental problems that he was almost two years ago. It is also upon my information and belief that during a four month span that the County Jail did not have a dentist on the property or employed by them. From August of 2007 until January of 2008 there was no one here to even examine or aid any one with their dental issues.

I declare under penalty of perjury that the foregoing is true and correct. Executed at Cook County Department of Corrections Division ten, Chicago, Illinois.

Bobbie Lee Harrison
Signature

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Charles B. Hill jr.)

vs.)

County of Cook a municipality)

Cook County Department of Corrections)

Cermack Health Services)

Dr. Catour'e)

John Doe Dentist #1)

Jane Doe Dentist #2)

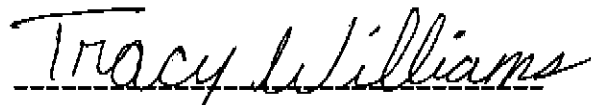
Case No:

Judge:

DECLARATION PERTAINING TO INADEQUATE DENTAL CARE

I Tracy Williams, am making this statement and hereby declare the following: I have been sharing a room with Charles Hill for about six months and for that entire time he has been complaining of problems with his teeth. Mr. Hill has also been taking pain medication four to five times daily and stays up at night complaining about his pain and the broken off tooth in his mouth. It is upon information and belief that between the months of August 2007 and January 2008 there was no dentist at or employed by the Cook County Department of Corrections due to the so called Stroger cut backs.

I declare under penalty of perjury that the foregoing is true and correct. Executed at Cook County Department of Corrections Division ten, Chicago Illinois.


Signature

Part-A / Control #: 2008X 0465Referred To: Cervantes☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Hill First Name: CharlesID #: 2005 - 0084808 Div.: 10 Living Unit: 2c Date: 11 / march / 2008

BRIEF SUMMARY OF THE COMPLAINT: This grievance is pertaining to the gross medical neglect in that I have a documented medical need to have a tooth pulled and the County failed to adhere to this serious medical need. The problem has been on going since about march of 2006. Since then I had one tooth that has broken off in my mouth and has now caused other teeth in my mouth to become infected. I have submitted several medical request forms and complained to every nurse that comes to the pier about my teeth. I also request tylenol everyday for the pain. This is also the second grievance pertaining to this issue about my teeth and the dentist

The entire nursing staff in division ten.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

That I get all of the necessary dental work performed that is required to correct my
ACTION THAT YOU ARE REQUESTING:

dental issues..DETAINEE SIGNATURE: Charles HillC.R.W.'S SIGNATURE: [Signature]DATE C.R.W. RECEIVED: 03/12/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Hill First Name: Charles ID#: 2005-0084808Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee alleges lack of medical attention.C.R.W. Referred Griev. To: Cermack Date Referred: 03/12/08Response Statement: Referred to Medical Services, Administration, Patient Care Services

C. Smith (print - name of individual responding to this griev.) C. Smith (signature of individual responding to this griev.) Date: 3/12/08 Div./Dept. CHS

D. Adams (print - name of Supt. / Designee / Dept. Admin.) [Signature] (signature of Supt. / Designee / Dept. Admin.) Date: 3/14/08 Div./Dept. CO

[Signature] (print - name of Prog. Serv. Admin. / Asst. Admin.) [Signature] (signature of Prog. Serv. Admin. / Asst. Admin.) Date: 3/13/08

Date Detainee Received Response: 17/MAR/08 Detainee Signature: Charles Hill**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 17/MAR/08Detainee's Basis For An Appeal: This problem is almost 2 yrs. old CERMACK ALREADY KNOWS ABOUT IT.Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Appeal Board's Signatures / Dates:

Date Detainee Rec.'d the Appl. Bd.'s Response: ___/___/___ Detainee Signature: _____

GRIEVANCE CODE(S): () () () ()

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Hill First Name: Charles ID# 2005-0024808Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Inmate States that he needs to have a tooth pulled.C.R.W. Referred Griev. To: Cornell Date Referred: 2/24/06Response Statement: Referred to Dental / Medical ServicesDate: 3/1/06 Div./Dept. NI
(print - name of individual responding to this griev.) (signature of individual responding to this griev.)Date: 3/8/06 Div./Dept. NI
(print - name of Supt. / Designee / Dept. Admin.) (signature of Supt. / Designee / Dept. Admin.)Date: 3/2/06
(print - name of Prog. Serv. Admin. / Asst. Admin.) (signature of Prog. Serv. Admin. / Asst. Admin.)Date Detainee Received Response: 3/9/06 Detainee Signature: Charles Hill**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: / / Detainee's Basis For An Appeal: Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☐Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator: Appeal Board's Signatures / Dates: Date Detainee Rec.'d the Appl. Bd.'s Response: / / Detainee Signature:

GRIEVANCE CODE(S): () () () ()